	[Amendment
Disclosure Report Cover	☐ Yes

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to upo	late information
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CRO-1000

Do not use this form to	o update information	a Company of the company		omonto por Commence de Co	nasy was a mark					
1. Committee Inform	ation									
a. Full Name							c. ID N	lumber		
Committee to Elect Pa	am DeMaria for Town Cou	incil	RECEIVED					3JM559		
b. Mailing Address (includ	le City, State and Zip Code)						d. Date Filed			
3905 Waters Reach L Indian Trail, NC 280				SE	P 30	2015		09/29/2015		
maian Han, NO 200	,,		!	Union C	o. Board	of Elections	e. Pho	ne Number		
			•				,	704 821 6577		
2. Report Year 3	. Period Start Date (mm/d	<i>V</i> 3-	4. Period I	and Da	te	5. Treasurer Full	Nome			
2. Report year 2	A Terror State Date (mine	w,,,,	(mm/dd/yy)			Nancy Lynn Jacob				
2015	01/01/2015		09/2	2/2015		Trainey Eyini succe				
6. Type of Committee	e (Check One)	9. Typ	e of Report	(c	heck on	ly one type of report	from on	ie category)		
Candidate Campaig		Municip			State/C	ounty	Refere	nđum		
PAC	Referendum		Organizational			Organizational		Organizational		
Independent	Joint Fundraiser	: <u></u>	Thirty-five day		(Ouarterly		Pre-referendum		
Expenditure		iC2			Ì	~ <u>,</u>				
Legal Expense Fun	The second secon		Dra neimoes			First		Final		
	(if applicable, check one)		Pre-primary		H	Second	1 =	Supplemental Final		
Booster Fund"		片	Pre-election		님	Third	1 =	Annual		
Building Fund			Pre-runoff Semi-annual		님	Fourth	$\perp =$	Special		
			Mid Year		L,	Semi-annual		apcolai .		
CT 045	•		Year End			· Mid Year	10.0	pecial Report Name		
U Otner:			**			Year End	10.0	heciai Kehort Hanie		
		Final			Final	}				
8. Number of Fundra	users this Report		Special							
	1					Special		·		
11. Account Informa	tion			11. A	ecount l	Information				
a. Financial Institution Fu	ill Name ·		· · · · · · · · · · · · · · · · · · ·			itution Full Name				
BB+T				PayP	al					
b. Purpose	c. Account Code			b. Purp			c. A	ccount Code		
Checking	01				e paymeceipt	ent		02		
	d. Period Begin Balance	;			•		d. Pe	eriod Begin Balance		
	\$ 00.00						\$	0.00		
CERTIFICATION		·								
	nittee or Fund is in compli	anca wi	th all annlice	hle pro	visione	of Article 224-22B	& 22D	-22M of Chapter 163 of		
the MC Ceneral Statut	es and that no funds are co	ance wii mminal	ui aii appiica ed with prob	ibited o	r other	non-disclosed funds	L firthe	er certify that this renort		
is complete true and	correct and that I have been	nnning. Trained	by the NC S	State Bo	ard of I	Elections	i i i i i i i i i i i i i i i i i i i	or corting that this report		
Nancy Jacob		. aameu	In	Mall	Ja		09/22/2	015		
тапсу засов	Printed Name of Signer		- / N	ignature		ted Treasurer	J., L. E., E.	Date		
FOR OFFICE USE ON	n v				Λ Λ	•				
Date Received:	9/30/15		Employee:	4	Jan	umn		<u>y Method</u> Iormal Mail		
	aladis		- •	k	Jan	umin /		Registered Mail		
Date Postmarked	1/0 1/10		Employee:	,	//		□ F	land Delivered		
Date Scanned:	10/1/15		Employee:	K	Sa	umin		Electronically Filed Signer has not received		
Date Data Entere	d:		Employee:		White the beautiful		n	nandatory training		
Please Note: This	form cannot be used to an					the committee addr information.	ess, trea	surer, assistant treasurer,		

August 2008

Amendment No No Yes

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) Committee to Elect Pam DeMaria for Town Council	2. Type of Report Thirty-Five Day	And seem to the contract of th	3. ID Number 3JM229
Committee to Elect Fam Deviatia for Town Council	Thirty-Five Day	Total this	Total this
Start of Election Cycle: January 1,	2015	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 760.00	\$ 760.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,812.59	\$ 4,812.59
7) Contributions from Political Party Committees	(CRO-1220).	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ -	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 5,572.59	\$ 5,572.59
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,752.53	\$ 4,752.53
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 62.59	\$ 62.59
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 4,815.12	\$ 4,815.12
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 757.47	\$ 757.47
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 1,627.74	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans SEP 3 0 201	(CRO-1440)	\$	\$
27) 48 Hour Notice Departs Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded Union Co. Board of ER	(CRO-1215)	\$	\$
20) Contributions to be Refunded	(CRO-1213)	1 *	Ψ 2000

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

mend	ment	
_	Vac	∇

Nο

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Na	ime (and Fund	d if applicable)			2. ID	Number		
Committee to Elect Pa	am DeMaria fo	or Town Council			3JM229			
3. Contributor Inform	nation							
a. Amend	b. Account Code	c. Form of Payment	d, In-Kind Description	e. Date (mm/dd/yyy))	f. Amount		
Add Remove	- 01	Cash		07/28/20		\$ 10.00		
Add Remove	01	Check		07/25/20)15	\$ 30.00		
Add Remove	- 01	Check		07/29/20)15	\$ 50.00		
Add	01	Check		07/29/20)15	\$ 50.00		
Remove Add	- 01	Check		07/29/20	15	\$ 50.00		
Remove Add	- 01	Cash						
Remove	"	Casii	Cash					
Add Remove	01	Check		07/29/20	015	\$ 50.00		
Add Remove	01	Check		07/29/20	015	\$ 50.00		
Add Remove	01	Check	07/29/20	15	\$ 30.00			
Add Remove	01	Check	08/01/20	15	\$ 20.00			
Add Remove	01	Cash		08/15/1	5	\$ 50.00		
Add Remove	- 01	Cash		08/15/1	.5	\$ 50.00		
Add	01	Cash		08/28/2015		\$ 20.00		
Remove Add	- 01	Check		08/28/2015		\$ 50.00		
Remove Add	01	Check		08/28/2015		\$ 50.00		
Remove Add	01	Check		· · · · · - ·				
Remove Add				09/03/20		\$ 25.00		
Remove Add	01	Cash		09/10/20		\$ 50.00		
Remove Add	01	Cash		09/10/20	15	\$ 50.00		
Remove	01	Check		09/14/20	15	\$ 50.00		
Add Remove	1	RECEIVED	5	,		\$		
Add Remove		SEP 3 0 2015				\$		
Add Remove	1	Union Co. Board of Election	}			\$		
4. Total only this Page						760.00		
5. Total of ALL C		\$ 760.00 \$ 760.00						

		n Individuals vidual contributions o	ver \$50	Pg or contributions und		<u>5</u> O 1205 is no	Amendment Yes ot used	⊠ No
		and Fund if applical				2. ID Nun		5 4 6 4 4
		eMaria for Town Cou			3JM559			
3. Contri	butor Informatio	n		Add 🗌 Re	move			
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Homemaker				
	nn Jacobsen							
	ters Reach Ln			c. Employer's Name/S	pecific Field			
	ail, NC 28079			N/A				
704 821 6	5577					e. Election 8	Sum to Date	,
						\$	695.42	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	(ind Description	j. Date (mm/dd/y	/уу)	k. Amount	
	01	Check		•	07/14/2	015	\$	250.00
	01	Check			08/13/2	2015	\$	400.00
		Credit Car	Frui	t Juice	08/24/	2015	\$	6.84
3. Contri	butor Informatio	n		Add 🗌 Re	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	its	
(include	city, state, & zip)			Homemaker				
Nila Mod	lesta Salazar Fish	,				_		
11001 M	-			c, Employer's Name/S	pecific Field	_		
	ail, NC 28079			N/A		- Florian	Sum to Date	
704 698 2	2990	•				e, Election	Sum to Date	·
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	01	Check			07/21/2	2015	\$	250.00
							\$	
	·						\$	
3. Contr	ibutor Informatio	on .	i O	Add 🔲 Ro	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)		·	President/Market	ing		•	
Gail Mar	ie Furr					_		
	rton Ridge Ct			c. Employer's Name/S	<u> </u>	4		
	rail, NC 28079			M&W Marketing	/ Medical		G 1. To	
704 684 1331		Instruments		e. Election	Sum to Date			
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	01	Check			07/29/	2015	\$	250.00
				RECEIVE		 	.\$	
				SEP 3 0 2015			\$	1 177 01
4. Tota	I only this Pag	je		Heion Co. Roard of Fla	etions -	\$		1,156.84

5. Total of ALL CRO-1210 Pages

Union Go. Board of Elections

4,812.59

\$

	,				Amendn	nent	
Contributions from Individuals	Pg	2	of	5_	<u> </u>	Yes	\boxtimes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	1. Committee Full Name (and Fund if applicable)						2. ID Number				
Committe	ee to Elect Pam De	Maria for Town Cou	ncil			3ЈМ559					
3. Contri	butor Informatio	n		Add 🗌 Remo	ove						
a. Full Nan	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		· .			
	city, state, & zip)			Retired							
Jeff D.Sh						•					
2017 Har				c. Employer's Name/Spec			•				
Charlotte	, NC 28270-9776			Digital Journalism at			 				
				tising, Newspapers,	Commercial	e. Election Su	m to Date				
				Printing	j	\$	200.00				
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy)	vv)	k. Amount				
	01	Check		- La Court Pro-	07/29/20		\$	200.00			
$\overline{\Box}$							\$				
							\$				
3 Contri	 butor Informatio	•		Add Reme	ove						
distribution and an extensive and an	ie, Mailing Address &			b. Job Title/Profession		d. Comments					
	city, state, & zip)	· · · · · · · · · · · · · · · · · · ·		Store Owner		u. Comments					
Debra M.				5000 0 11101							
15374 Catawba Circle S.		!	c. Employer's Name/Spec	cific Field							
Matthews, NC 28104			Miscellaneous Store								
704-917-1941					e. Election Su	ım to Date					
						\$	100.00				
			,				100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount				
	01	Check			07/31/20)15	\$	100.00			
							\$				
							\$				
3. Contri	butor Informatio	n		Add 🗌 Rem	ove						
a. Full Nan	se, Mailing Address &	Phone		b. Job Title/Profession		d. Comments					
	city, state, & zip)			VP/Operations				•			
Michael 1	-										
	p Shot Dr.			c. Employer's Name/Spec							
Matthews	s, NC 28104	•		Telecommunications	3	e. Election Su	·m to Data				
	1	1 . w	1			\$	100.00				
f. Prior	g. Account Code	h. Form of Payment	i, in-K	ind Description	j. Date (mm/dd/yy		k. Amount	*			
	01	Check	R	ECEIVED	07/30/20	015	\$	100.00			
			<u> </u>	CED 3 0 2015			\$				
				SEP 3 0 2015			\$				
4. Tota	l only this Page		-Unio	in Co. Board of Elections		\$		400.00			
5. Tota	of ALL CRO	-1210 Pages				\$		4,812.59			
(This lin	e nuist be on line 6 of i	Detailed Summary Page C	RO-1100,			Φ		7,012,37			

No

		m Individuals vidual contributions o	ver \$50	Pg or contributions under	3 of: \$50 if form CRC	5 1205 is not	Amendment Yes used	No No
		and Fund if applical	Authorities and distributed the state			2. ID Num		
Committe	ee to Elect Pam De	eMaria for Town Cou	ncil				3JM559	
16-commonstrations	butor Informatio	Section 2019 with the second state of the second section and the second section 2019 and the second section 2019 and the second		Add Rem	ove	4.6		
1	ie, Mailing Address o city, state, & zip)	& Phone		b. Job Titte/Profession Owner/Insurance Ag	pent	d. Comments	·	
Larry He				Owner, manualee 71	Sour			
3216 Mc	Lendon Rd			e. Employer's Name/Spe	cific Field			
Matthews	s, NC 28104			Insurance Carrier		e, Election Su	·m to Data	
			,		,			
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check			08/11/20	015	\$	100.00
	01	Check			08/13/2	015	\$	100.00
							\$	•
3. Contr	ibutor Informati	on		Add 🗌 Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone	: "	b. Job Title/Profession		d. Comments	3	
	city, state, & zip)			Business Owner				•
Mark Tantillo 6306 Archerfield Court				c. Employer's Name/Spe	cific Field			
	, NC 28173							
704 243				Auto Body Repair	e. Election Sum to Date			
	•					\$	500.00	
f. Prior	g, Account Code	b. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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							\$	
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a. Full Na	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)	·		Owner				
	Marie White Providence Dr.	•		c. Employer's Name/Spe	offic Field			
	rovidence Dr. e, NC 28270			Miscellaneous Store				
Charlotte	, 110 20270					e. Election S	um to Date	
		:			٠	\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check	ח		08/31/2	015	\$	500.00
			H	ECEIVED			\$	
				SEP 3 0 2015			e	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Union Co. Board of Elections

4,812.59

1,200.00

\$

\$

Contri	butions fron	n Individuals		Pį	g <u>4</u> of	5_	Yes	No No		
		vidual contributions o		or contributions un	der \$50 if form CR					
1. Comm	ittee Full Name (and Fund if applicat	ile)			2. ID Num	ber <u>.</u>			
Committe	e to Elect Pam De	eMaria for Town Cou	ncil			3JM559				
1000	butor Informatic	and the first of the contract		Add 🗌 Re	emove			5555		
	ie, Mailing Address é	& Phone		b. Job Title/Profession	1	d. Comments	<u> </u>			
(include) R Dean H	city, state, & zip)		:	. Owner						
	ulah Church Rd.			e. Employer's Name/S	Specific Field		_			
	s, NC 28104			Construction/Lan						
704 821 6	•				•	e. Election St	ım to Date			
						\$	2,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount			
	01	Check			08/28/2	015	\$	2,000.00		
							\$			
							\$			
3. Contri	butor Informatio	n sasasse		Add R	emove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Professio	n ·	d. Comments				
	city, state, & zip)									
	nn Jacobsen			Homemaker						
3905 Waters Reach Ln				c. Employer's Name/S	specific Field					
Indian Trail, NC 28079 704 821 6577				IVA		e. Election S	um to Date			
,0.0210						\$ 695.42				
			,			\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount	:		
		Credit Car	Fruit		08/27/2		\$	1.58		
		Cash	Door	r Prize	08/27/2	2015	\$	10.00		
		Credit Car	Posta	age	09/08/2	2015	\$	2.54		
	butor Informatio				emove	1		8 9 9 9		
	ne, Mailing Address &	& Phone		b. Job Title/Professio	<u>n</u>	d. Comment	5			
Tiffany M	city, state, & zip)	· - · · · · · · · · · · · · · · · · · ·		Director						
•	gletree Lane			c. Employer's Name/S	Specific Field					
-	ail, NC 28079			Power Supply Co	. <u>·</u>	1				
						e. Election S	um to Date			
						\$	9.96			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount			
		Credit Car	Coff	èe	08/29/2	015	\$	9.96		
							\$	-		
							\$	<u> </u>		
4. Total	l only this Pag	e	Z-20.5-3		IV /H-1	\$		2,024.08		
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100	RECE	IVED	\$		4,812.59		
CRO-121			an minerary mark	NC State Board of Elec	1.20 15 10/15			April 2007		

Amendment

					Amen	idment		
Contributions from Individuals	Pg	_5	of	5_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	n CRO	1205 is no	t used			

1. Committee Full Name (and Fund if applicable)						2. ID Number			
Committee to Elect Pam DeMaria for Town Council						•	3JM559		
3. Contri	butor Informatio	on .	П	Add 🔲 Ren	nove				
a. Full Nan	ıe, Mailing Address é	è Phone		b. Job Title/Profession		d. Comment	s		
(include	city, state, & zip)	•		Retired					
Pamela D	eMaria								
	iters Trail Dr			c. Employer's Name/Sp	ecific Field				
Indian Tr	ail, NC 28079			YMCA			.,		
			_			e. Election S	um to Date		
	•					\$	31.67		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Aind Description	j. Date (mm/dd/yy	уу)	k. Amount		
		Cash	UCE	BOE Regis Fee	07/14/20	015	\$	5.00	
		Cash	IT V	/endor Space 09/01/20		015	\$	20.00	
	,	Credit Card	Bage	els ·	08/29/2	015	\$	6.67	
3. Contri	butor Informatic	n		Add 🔲 Ren	nove				
a. Full Nan	ie, Mailing Address é	Phone ·		b. Job Title/Profession	days the second	d. Comment	s	Control Security Secu	
(include	city, state, & zip)	•	•						
		,		1					
				c. Employer's Name/Sp	ecific Field				
*				,		e. Election S	um to Date		
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					<u>, </u>	l			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Und Description	j. Date (mm/dd/yy	уу)	k. Amount		
							\$		
		,					\$	· · · · · ·	
							\$		
3. Contri	butor Informatio	n	П	Add Ren	nove				
NAMES AND ADMINISTRATIONS OF THE PERSONS OF THE PER	ne, Mailing Address &	and the contract of the forest of the production of the second second second second	225/// 22//// 22///2	b. Job Title/Profession		d. Comment	:s	The section of the se	
	city, state, & zip)								
				1					
				c. Employer's Name/Sp	ecific Field				
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				:		e. Election S	Sum to Date		
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f. Prior	g, Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
							\$		
						"	\$		
				RECE	VED		\$		
4. Total	only this Page	e				\$		31.67	
5. Total	of ALL CRO	-1210 Pages		SEP 3 0	2015	6	•	4 910 50	
		Detailed Summary Page C	RO-1100	j)		\$		4,812.59	

1		•								
TS ! 1	j							Amendment		
Disburseme		0 1	c	4*	Pg	1 of 3		Yes		No
	report expenditures coordinated party ex		e for	; operating 6	expenses,	contributions to c	andidate	e/political		
	full Name (and Fund						8758	2. ID Number		Angyags.
	Elect Pam DeMaria fo	the same of the sa	<u> Maria de la como de </u>					3JM55	<u></u> 59	
3. Type of Disbi		ise use separate C.	RO-1	3 <u>10 forms (</u>	or each ty	pe of Disbursem	ent.)			
Operating E		Contributions to Can						Party Expenditures		
4. Payce Inform			Add			Remove				5 E E
A Committee of the Comm	ing Address & Phone	,	b. Co	oordinated Co	mmittee Na	ıme	d. Comments			
(include city, state,	& zip)]			ī	
		!	2 I 6	evel Registered	(C-salfu)					
•		,	6. 17	Federal	1 (apecity)	County:				
		!		State	×	Municipality:	e. Elect	tion Sum to Date		
		!			<u>KA</u>	transpans,	-			
			İ			!	\$	0.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/	/уууу)	j. Amount	k. Requ	uired Remarks		
				_	_	\$ 0.00				
			\top			\$				
4. Payee Inform	action		Add	i		Remove				
	ing Address & Phone		ence approvement	ı oordinated Co	mmittee Na	en marrie conservações por producios producios con en ex-	d. Com	monte		
(include city, state,		. !	0. 0.	JOI Ulbraice Co	munic in	inte	U. Com	Шсиз		
Pam DeMaria	« ыр)		ĺ							
1108 Hunters Tr	rail Dr.	Ĭ	ç. Le	vel Registered	I (Specify)					
Indian Trail, NC		Ī		Federal		County:				
704-621-7336		i		State	\boxtimes	Municipality:	e. Elect	tion Sum to Date		
•							\$ 2,0	091.91		
f. Account Code	g. Form of Payment	h. Purpose Code	l.	Date (mm/dd/	/уууу)	j. Amount	k. Requ	uired Remarks		
01	Check	O+B	\top	08/13/2015		\$1,145.44	1	lagnets, Bi		
01	CHOCK	UIB	`	70/13/2013		Ф1,145,44	.	ess Cards,		
01	Check	O+B	1	08/31/2015		\$ 379.67		lagnets,		
4. Payee Inform			Add			Remove	Rack	Cards		
	ng Address & Phone		1	ı oordinated Co	LI mmittee Na		d. Com	ments	JW ere	
(include city, state,	U		B. -	Within	III III III II II II II II II II II II	IIIC	U. COLL	iii iii ii		
Huck's Sportswe			-							
	s Mint Hill Road	ļ	c. Le	vel Registered	(Specify)					
Matthews, NC 2	28105	ſ		Federal		County:				
704-849-0517		1		State	\boxtimes	Municipality:	e. Elect	tion Sum to Date		
					_		\$	895.63		
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/	/уууу)	j. Amount		uired Remarks		
01	Check	0	C	08/11/2015		\$166.53		sman Caps		
01	Debit Card	О	C	08/28/2015		\$729.10	T-shirt	ts	_	
5. Total only thi					31 (22.5)		\$	2,420.74		
	CRO-1310 Pages									
	line 13a of Detailed Sum						\$	4,752.53		
	line 13b of Detailed Sum line 13c of Detailed Sum		-			· .				
	es (List detailed exp				, Expenanta	resj				2000 (100 to 100 to
7. Furpose Code A* - Media	B* - Printing	C* - Fund			EIV	D - To Anothe	r Candic	·late	96063	(1753-) KBI
E - Salaries	F* - Equipment	C Politic	al Davi	44.	2.0.204	U* Uolding		Office Expenses		-
I - Postage	J - Penalties	K* - Offic	е Ехр	enses SEP	3 0 201			al Expense Func	l	
O* - Other		2082045400000004408200000000000	osassassa <u>r</u>	Halawosen			Stelle Security (1997)			January 1994

* Codes require detailed explanation in required remark Union Ca) Board of Elections CRO-1310

Disbursem	anto							Amendment		
		· from the committ	420	Pg for; operating expenses,	3	of	3	Yes		No
committees and	l coordinated party ex	- iront tue commu xnenditures,	iee	for; operating expenses,	, coi	ntributions to c	andidate	/political		
The second secon	Full Name (and Fun							2. ID Number		
	Elect Pam DeMaria fo		Savo		<u>Pittero</u>			3JM5		
3. Type of Disb	Service and the Service Shows Committee of the Service and the Service and the Service and the Service and Service	Control of the Contro	<u> </u>	0-1310 forms for each t	tvpe	of Disbursem	ent.)			
Operating E	Expenses			dates/Political Committees				Party Expenditures	550000000000 S	Biores.
4. Payee Inform	nation		1	Add ·	R	Remove			4 2 3 3	04354 38075
	ling Address & Phone		b	o. Coordinated Committee N		***************************************	d. Com	ments	25.00 (200.000)	disson
(include city, state,	, & zip)									
Pam DeMaria								•		
1108 Hunters T			e.	Level Registered (Specify)	· · · · ·					
Indian Trail, NO	€ 28079		Ļ	Federal		County:				
704 621 7336			L	State	N	Aunicipality:	e, Electi	on Sum to Date		
					\$ 2,0	91.91				
f. Account Code	g. Form of Payment	b. Purpose Code	_	i. Date (mm/dd/yyyy)	j.	Amount		ired Remarks		
01	Check	0		09/09/2015	\$	566.80	Web S	ervices		
					\$			····		
4. Payee Inform	nation		7	\dd []	R	Remove				
	ing Address & Phone	Section 1995 Section Control of the Section C		o. Coordinated Committee Na			d. Comn	nents		Atas.
(include city, state,	-							Ht H 10		
Call Printing &	Copying		1_					ű.		
311 Indian Trail		į	c.	. Level Registered (Specify)			1			
Indian Trail, NC	C 28079	J		Federal	C	County:	1			
704 821 6324		,	L	State	M.	funicipality:	e. Election	on Sum to Date		
		•					\$ 3	73.63		
f. Account Code	g. Form of Payment	h. Purpose Code	Ц,	i. Date (mm/dd/yyyy)	Тј.	Amount	k. Requi	ired Remarks		
01	Debit Card	В					Flyers	To remine		
U1	Debit Cata	B.		09/04/2015	•	373.63	i		_	
	-				\$					
4. Payee Inform	nation		Ā	Vqq []	R	emove				
a. Full Name, Maili	ing Address & Phone	- !	b.	. Coordinated Committee Na	1 - 2 - 1 1 1 - 2 - 11	10.500, 21.7000	d. Comn	aents	2000-200-00-00-00-00-00-00-00-00-00-00-0	Personal Property of the Party
(include city, state,								·		
Innovate Graphi										
4600 Lebanon R			c.	Level Registered (Specify)			•			
Mint Hill, NC 2	28227	1	Ē	Federal		ounty:				
704-573-1180			L	State 🖂	M	funicipality:	e. Electic	on Sum to Date		·
-					_		\$ 1,3	10.61		
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)]j.,	Amount		red Remarks		
01	Debit Card	В		09/21/2015	\$	314.25	Banners labels	s and		
01	Debit Card	В		09/22/2015	\$	171.60				-
5. Total only thi							\$	1,426.28		-
	CRO-1310 Pages				5946					-
	line 13a of Detailed Sum				_		\$	4,752.53		
				Contrib to Candidates/Politica		omm)		7,102,00		
	es (List detailed exp			Coordinated Party Expenditus	res)					rune (kg), i
A* - Media	es (List detailed exp B* - Printing	oenaiture code in (C* - Fund			H)	D - To Anothe	- Candide			
E - Salaries	F* - Equipment	G - Politica	al P	Party		H* - Holding			,	
I - Postage	J - Penalties	K* - Offic	e E	ExpensSEP 3 0 2015		Q* - Donation	to Legal	Expense Fund	i	
O* - Other								=		- 1

					Amendment		
Disbursements	Pg	2	of	3	Yes	\boxtimes	N
TT 31.0	Ç					· 	

	coordinated party ex		ee for, operating expenses,	COMMIDMINISTO C	andidate/pontical
St. St. St. St. D. St. St. St. St. St. St. St. St. St. St	ull Name (and Fun	A			2. ID Number
	lect Pam DeMaria fo				3JM559
3. Type of Disb	ursement <i>(Plea</i>	ise use separate C	RO-1310 forms for each t	ype of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Сос	ordinated Party Expenditures
4. Payee Inforn	nation		Add 🔲	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,		·			
United States Po					
200 Postage Wa	•		c. Level Registered (Specify)		
Charlotte, NC 2 (800) 275-8777			Federal	County:	
(800) 213-8111			State 🔀	Municipality:	c. Election Sum to Date
					\$ 5.75
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	I	07/31/2015	\$5.75	Postage
	Door ourd	*	01/31/2013	Φ3.73	
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d, Comments
(include city, state,	& zip)				
MNAA					
8001 N. Tryon S			c. Level Registered (Specify)		
Charlotte, NC 2	28262		Federal	County:	
704-750-9609			State 🖂	Municipality:	e. Election Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
02	Paypal	0	08/22/2015	\$ 75.00	Advertisement
				\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	d. Comments
(include city, state.	=				ui Comments
Innovate Graphi					
4600 Lebanon R	Rd		c. Level Registered (Specify)		
Mint Hill, NC 2	28227		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 1,310.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	В .	09/03/2015	\$ 149.08	Car Magnets
					Business Cards,
01	Debit Card	В .	09/14/2015	\$ 675.68	Bio Cards
5. Total only thi					\$ 905.51
	CRO-1310 Pages line 13a of Detailed Sum	D CDO 110	a.r.o		
) if Operating Expenses) I if Contrib to Candidates/Politic	al Canun)	\$ 4,752.53
		-) if Coordinated Party Expenditu	•	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund	iraiMeEUEIVEI	D - To Anothe	
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e ExpenSEP 3 0 2015	Q* - Donation	n to Legal Expense Fund
	e detailed explanati	on in required re	marks field (k)		
CRO-1310	-		Union Co. Board of Elections	UHD -	December 2009

In-Kind Contributions

				Amei	ıdment		
Pg	1	of	2		Yes	\boxtimes	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. ID	Number		
Committee to Elect PamDe Maria for Town Council				3JM559			
Mayor							
	lemove						
a. Full Name, Mailing Address & Phone	b. Тур		ontributor	c. Cor	nments		
(include city, state, & zip)		Indi	vidual				
Pam DeMaria	$ \boxtimes$		lidate		`.		
1108 Hunters Trail Dr	닏	Party					
Indian Trail, NC 28079		PAC					
704-621-7336			rendum	d. Ele	ction Sum to Date		
		Otne	r Receipt Source	\$	31.67		
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount		
Union County Board of Elections			07/14/2015	;	\$ 5.00		
Registration Fee			0771 112010	· <u>-</u>	\$ 3.00		
Town of Indian Trail CAC			09/01/201:	5	\$ 20.00		
Vendor Space Fee			0310112011		20.00		
Bagels			08/29/201:	5	\$ 6.67		
3. Contributor Information Add R	lemove		2		I		
a. Full Name, Mailing Address & Phone			ontributor	c. Con	nments		
(include city, state, & zip)		Indiv	vidual				
Tiffany McGee		Cano	lidate				
5013 Singletree Ln		Party	<i>t</i>				
Indian Trail, NC 28079		PAC					
704 287 1509			rendum	d. Ele	d. Election Sum to Date		
		Othe	r Receipt Source	\$	9.96		
e. Description	l		f. Date (mm/dd/yy)	уу)	g. Fair Market Amount		
Coffee			08/29/2015	; ;	\$ 9.96		
1,000							
					\$		
					\$		
3. Contributor Information Add R	emove	15, 155					
a. Full Name, Mailing Address & Phone	b. Тур	e of C	ontributor	c. Con	nments		
(include city, state, & zip)	\boxtimes	Indiv	/idual				
Nancy Lynn Jacobsen		Cano	lidate		-		
3905 Waters Reach Ln		Party					
Indian Trail, NC 28079		PAC					
			rendum	d. Elec	ction Sum to Date		
·	L.	Othe	r Receipt Source	\$	670.96		
e. Description			f. Date (mm/dd/yy)	/y)	g. Fair Market Amount		
Fruit Juice			08/24/2015	i	\$ 6.84		
Fruit RECEIVED							
			08/27/2015	5	\$ 1.58		
Door Prize SEP 3 0 2015			08/27/2015		¢ 10.00		
4 Total pals this Page Union Co. Board of Elections		political desire	V0/Z1/ZU13	,	\$ 10.00		
4. Total only this rage				\$	60.05		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	62.59		
	a protection of the state of th	10 Sept. 125 (2)					

in-Kina Contributions				Pg 2 of		2 🔲 Yes 🔀 N	ło
Use this form to report non-monetary contributions, donat	ions, g	oods or s	ervi	ices provided to the	ie com	mittee or fund.	_
Use CRO-1215 if In-Kind Contributions were or will be re 1. Committee Full Name (and Fund if applicable)	efunded	1 within	7 da	ys.	l a sv		0057500
Committee to Elect Pam DeMaria for Town Council					2.11	Number 3JM559	
						33141339	
3. Contributor Information Add		Remove					
a. Full Name, Mailing Address & Phone				Contributor	c. Co	mments	
(include city, state, & zip) Nancy Lynn Jacobsen	 -			iviđual	}		
3905 Waters Reach Ln				ididate			
Indian Trail, NC 28079		I ===	Part:	•			
704 821 6577				èrendum	d Flo	ection Sum to Date	
		I ==		er Receipt Source		***************************************	
		-		- Troope Source	\$	670.96	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Postage				09/08/201:	5	\$ 2.54	
						2.31	
			·			\$	
						\$	
3. Contributor Information Add		Remove		1	3.00	<u></u>	3325
a. Full Name, Mailing Address & Phone		b. Type	of C	Contributor	c. Con	nments	<u> </u>
(include city, state, & zip)			Indi	vidual			
				didate			
		1 ===	Party				
			PAC				
		I ==		erendum er Receipt Source	d. Elec	ction Sum to Date	
	_		Care	1 Receipt Source	\$		
c. Description				f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
		•				\$	
						\$	
						\$	
3. Contributor Information Add	i i	Remove			000 AC 000 A 100 A		NATION.
a. Full Name, Mailing Address & Phone	L Control 1		of C	ontributor	c. Com	Imenfe	
(include city, state, & zip)				vidual	C. COM	:mtill3	
		🗇 🕡	Cand	lidate	!		
	!		Party	,			
		=	PAC	1			
				rendum r Receipt Source		tion Sum to Date	
e. Description					\$		
· · · · · · · · · · · · · · · · · · ·			\dashv	f. Date (mm/dd/yyy	у)	g, Fair Market Amount	
RECEIVI	ED		\downarrow			\$	
SEP 3 0 201						\$	
Union Co. Board of Ele						\$	
4. I viai uniy inia rage	actions-				\$	2.54	_
5. Total of ALL CRO-1510 Pages (This line must be an line 17 of Decided Summers, Page CRO, 1100)					\$	62.59	_

In-Kind Contributions

Amendment

 \boxtimes

Debts and Obligati	ons Owed By the Con	ımittee _{Pg} 2	of 2	Amendment Yes X No					
	npaid debts or obligations owed								
1. Committee Full Name (a	nd Fund if applicable)			2. ID Number					
Committee to Flect Pa	m DeMaria for Town Council			3JM559					
3. Creditor Information		Add 🔲 Remove	9	J. 3,141333					
a. Full Name, Mailing Address &	Phone	and the contraction of the contr	ts should be listed on form CRO-						
(include city, state, & zip)				ted as this creditor.					
Pam DeMaria		b. Description of Credi	itor	- N N					
1108 Hunters Trail Dr.		Candi	date	-					
Indian Trail, NC 28079	(704) 621-7336								
c. Beginning Balance	d. Total Amount Paid	e, Total Amount Incur	red	f. Remaining Balance					
\$ O	\$ 600.71	\$ 600.71		\$ 600.71					
g. Incurred Debts (what the comm		- 1							
g1. Purchase Place Full Name, M	ailing Address & Phone	g2. Date (mn/dd/yyyy)	g3. Amou	int					
(include city, state, & zip) John's Place		07/29/2015	 \$	526.00					
	لمما	g4. Purpose Code							
3016 Weddington Ro			g5. Required						
Matthews, NC 2810	5 (704) 847-1560	C	F	ood and Beverage					
g1. Purchase Place Full Name, M	ailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amou	mt .					
(include city, state, & zip) Mario's Pizza	•	00/20/2015	\$	74.71					
	it n . l	08/28/2015 g4. Purpose Code	g5. Required	74.71					
2945 Weddington Mat	tnews Road								
Matthews, NC 28105		0	N	Meet and Greet					
g1. Purchase Place Full Name, M	ailing Address & Phone	g2, Date (mm/dd/yyyy)	g3. Amou	ınt					
(include city, state, & zip)		_	\$						
	•	g4. Purpose Code	g5. Required	Remarks					
		But arbose cone	go. Required	(CIBMIND					
	- Anna Anna Anna Anna Anna Anna Anna Ann								
g1. Purchase Place Full Name, M (include city, state, & zip)	alling Address & Phone	g2. Date (nun/dd/yyyy)	Ť	<u>int</u>					
(merado enjyomio, ce mp)		-	\$						
	•	g4. Purpose Code	g5. Required	Remarks					
			<u> </u>						
g1. Purchase Place Full Name, M (include city, state, & zip)	ailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amou	<u>int</u>					
(metado engy biato, to apy			\$						
		g4. Purpose Code	g5. Required	Remarks					
4. Total only this Page (This should be the sum of a	Il items 'a'? ' from this nage)		\$	600.71					
5. Total of ALL CRO-									
	of Detailed Summary Page CRO	D-1100)	\$	1,627.74					
	detailed expenditure code								
A* - Media B*	- Printing C* - F	undraising		her Candidate					
		olitical Party	H* - Holdit	ng Public Office Expenses					
* Codes require detailed exp	Penaities K* - C lanation in required remarks field	Office Expenses E	CEIV						
CRO-1610	rander und ein 10 erwerend erweiter zu welcher gestätigt geralitätekontekt 1000 bewerten til geografiat til det en det en demotitiert.	ard of Elections		February 2011					

SEP 3 0 2015

Debts and Obligati				of $\frac{2}{}$		
Use this form to report any t			o incl	ude cam		hases.
1. Committee Full Name (a	ing kang it abbiicapie)				2. ID Number	4 1181 624 631
Committee to Elect Pa	m DeMaria for Town				3JM559	
3. Creditor Information		Add 🔲 Remo	with the state of			
a. Full Name, Mailing Address &	z Phone				its should be listed on for ted as this creditor.	m CRO-
(include city, state, & zip)	· · · · · · · · · · · · · · · · · · ·	b. Description of Cre		e payee ns	ieu as uns cremior.	
Pam DeMaria						
1108 Hunters Trail Dr		- Cano	didate	9		
Indian Trail, NC 28079 c. Beginning Balance	e. Total Amount Inci	ırred		f. Remaining Balance		
¢	d. Total Amount Paid		, , , , , , , , , , , , , , , , , , ,		&	
\$ 0	\$ 1,027.03	\$ 1,027.03		este que entre el resultant per el musicale.	³ 1,027.03	
g. Incurred Debts (what the com g1. Purchase Place Full Name, M		g2, Date (mm/dd/yyy	v)	g3. Amou		· · ·
(include city, state, & zip)	annig Address & I hone	ga, sate (non-day)	3,			
Innovate Graphics		08/19/2015		\$	1,027.03	
648 Matthews-Mint	Hill Rd.	g4. Purpose Code	g5.]	Required 1	Remarks	
Matthews, NC 2810	5 (704) 849-0597	В			Yard Signs	
g1. Purchase Place Full Name, M	failing Address & Phone	g2. Date (mm/dd/yyy	у)	g3. Amou	int	
(include city, state, & zip)				\$		
		g4. Purpose Code	g5. l	Required 1	Remarks	
				and and a superior superior superior superior superior superior superior superior superior superior superior s	(N. (N. (N. (N. (N. (N. (N. (N. (N. (N.	
				,		
g1. Purchase Place Full Name, M	Iailing Address & Phone	g2. Date (mm/dd/yyy	g2. Date (mm/dd/yyyy) g3. Am			
(include city, state, & zip)	I be drawn as an i Mandach dan administration and the man as			\$		
		g4. Purpose Code	g5. I	Required 1	Remarks	
g1. Purchase Place Full Name, M	Iailing Address & Phone	g2. Date (mm/dd/yyy	y)	g3. Amou	ınt	
(include city, state, & zip)				\$		
		ad Promoso Codo	1.5	<u> </u>	Damania.	
		g4. Purpose Code	gs	Required 1	Kemarks	
,						
g1. Purchase Place Full Name, M	Iailing Address & Phone	g2. Date (mm/dd/yyy	y)	g3. Amou	int	
(include city, state, & zip)	NAME AND ASSESSED BY THE STATE OF THE STATE			\$		
		g4, Purpose Code	g5.	 Required	Remarks	
		<u> </u>				
4. Total only this Page	<u>.</u>			ሉ		
(This should be the sum of a		age)		\$	1,027.03	
5. Total of ALL CRO (This line must be on line 22)		Page CRO-1100)		\$	1,627.74	
6. Pupose Codes (List			99.500			
A* - Media B*	- Printing	C* - Fundraising			ther Candidate	
	- Equipment - Penalties	G - Political Party K* - Office Expenses		- Holdin	ng Public Office Exp	ienses
* Codes require detailed exp		narks field (g5.)	٣Ĭ١			
CRO-1610		C State Board of Elections		سأحساس إد	Febr	ruary 2011

SEP 3 0 2015